Minutes of the 39th Meeting of the Advisory Group on Community Action - National Health Mission
Population Foundation of India
November 28, 2018

Members of Advisory Group on Community Action (AGCA) present

1. Dr Abhay Shukla
2. Mr Alok Mukhopadhyay
3. Dr H Sudarshan
4. Ms Indu Capoor
5. Ms Mirai Chatterjee
6. Dr Narendra Gupta
7. Ms Poonam Muttreja
8. Dr Sharad Iyengar
9. Dr Vijay Aruldas

Officials of National Health Systems Resource Centre (NHSRC) present

1. Mr Arun Srivastava, Consultant- Community Processes

AGCA Secretariat and PFI staff present

1. Mr Krishnan Pallassana, Chief Operating Officer, PFI
2. Ms Sona Sharma, Director, Programmes, PFI
3. Mr Alok Vajpeyi, Head Core Grants and Knowledge Management, PFI
4. Mr Ritesh Laddha, Manager- Monitoring and Evaluation, PFI
5. Mr Bijit Roy, Team Leader, AGCA Secretariat
6. Mr Daman Ahuja, Programme Manager, AGCA Secretariat
7. Ms Seema Upadhyay, Programme Manager, AGCA Secretariat
8. Mr Saurabh Raj, Programme Manager, AGCA Secretariat
9. Mr Sanjoy Samaddar, Programme Manager, AGCA Secretariat
10. Ms Jolly Jose, Programme Associate, AGCA Secretariat

AGCA members who could not attend the meeting

1. Mr A R Nanda
2. Dr Thelma Narayan
3. Dr M Prakasamma
4. Mr Gopi Gopalakrishnan
5. Dr Abhijit Das
6. Dr Saraswati Swain

Permanent invitees who could not attend the meeting

1. Dr Rajani Ved, Executive Director, NHSRC

Ms Poonam Muttreja welcomed the AGCA members to the 39th meeting of the Advisory Group on Community Action (AGCA) and mentioned that Dr Manohar Agnani, Joint Secretary – Policy, MoHFW would not be able to participate in the meeting due to some urgent priorities. Ms Muttreja acknowledged Dr Agnani's deep commitment towards CAH processes and said that he always motivates state governments to strengthen community

action and accountability processes within the NHM. This was reflected in the current FY 2018-19 State Programme Implementation Plans (PIP) approvals, wherein the MoHFW approved funds for CAH implementation to 26 states and the overall approval has increased by 132% compared to the previous FY 2017-18.

The objectives of the meeting were to:

1. Share an update on the programme 'Strengthening Community Action for Health (CAH) under the National Health Mission' for the period: July 2018 to November 2018
2. Discuss priorities on community processes
3. Share observations from the 12th Common Review Mission (CRM)
4. Discussions on operational issues related to CAH implementation in the states

Ms Mirai Chatterjee, Member AGCA chaired the pre-lunch session. Members confirmed the minutes of the 38th AGCA meeting held on July 16, 2018.

Compliance on Action Points from the 38th AGCA meeting

Bijit Roy shared an update on the action points identified at the 38th AGCA meeting.

Sl. No.	Action Points	Responsibility	Action Taken
1.	Submit a note to NITI Aayog on 'Strengthening Community Engagement and Action for Ayushman Bharat.'	AGCA Secretariat	Note was submitted to Dr Vinod Paul (Member, NITI Aayog) and Mr Alok Kumar (Advisor-Health, NITI Aayog) on August 30, 2018.
2.	Organise a meeting with NITI Aayog team to brief AGCA's work on CAH and communitisation strategies for Ayushman Bharat.	AGCA Secretariat	Meeting was organised with Mr Alok Kumar (Advisor-Health, NITI Aayog) and his team on September 6, 2018 to brief on CAH processes and explore areas where the AGCA can provide support. Following this, a field visit was undertaken with Dr S Rajesh (Director-Health, NITI Aayog) to Begusarai district in Bihar between September 17-21 to brief district officials on community engagement strategies and priorities. A plan to strengthen communitization processes in the aspirational districts is being developed along with the Piramal Foundation team which would be shared with Mr Alok Kumar in the third week of December 2018.
3.	Organise AGCA meeting in September 2018 to discuss priorities and engagement strategy.	AGCA Secretariat	The proposed AGCA meeting on September 4, 2018 was postponed due to the 12th Common Review Mission scheduled between September 4 and 12, 2018. Subsequent proposed meeting

			dates coincided with (a) 'National Summit on Good and Replicable Practices' organised on October 30 to November 1, 2018; and (b) 'Accelerating Transformation to High Quality Health Systems Workshop' organised on November 20, 2018.
4.	Develop a village level dashboard on key indicators on health, nutrition and sanitation.	Dr M Prakasamma and AGCA Secretariat	Draft dashboard developed by Dr M Prakasamma and Mr Saurabh Raj, was shared with AGCA members on November 22, 2018, for inputs.

I. Update on Progress of AGCA Activities for the Period July 2018 to November 2018

Bijit Roy presented update of the 'Strengthening Community Action for Health under the National Health Mission' programme for the period July 2018 to November 2018. The presentation outlined the institutionalization of community based monitoring of health services through state social audit units; strengthening of Rogi Kalyan Samities; engaging with young people; and progress on CAH implementation in the states.

Bijit highlighted the following:

a. Institutionalization of community monitoring of health services through state social audit units

- **Meghalaya** is the first state to enact the Social Audit Act in 2017 and subsequently community monitoring processes were piloted by Meghalaya Society for Social Audit and Transparency (MSSAT) in selected villages with support from Mazdoor Kisan Sangathan (MKSS), SATHI, AGCA Secretariat and other civil society organisations (CSOs). The AGCA Secretariat has been working with the State NHM and MSSAT to institutionalize and scale up community monitoring of health services across the state. This has been approved by the MSSAT Governing Body meeting in October 2018. A trainers' manual and monitoring tools are being developed to orient the district, block and village resource persons and the processes in the field would be initiated from April 2019 onwards.

- **Uttarakhand:** The AGCA Secretariat supported the State NHM and the Uttarakhand Social Audit Accountability and Transparency Agency (USAATA) to integrate community monitoring of health services with the social audit processes. As a first step, State NHM has partnered with USAATA to undertake a prescription audit to identify gaps in medicine supplies and patterns on out-of-pocket expenditure incurred across 6 blocks of Uttarkashi district.

- **Jharkhand:** District social auditors of the State Social Audit Unit (SAU) would be part of the community monitoring processes being undertaken in 5 districts.

b. Strengthening of Rogi Kalyan Samities (RKSs)

In coordination with the National Health Systems Resource Centre (NHSRC) team, the AGCA Secretariat provided support to the following 5 states to strengthen the functioning of RKSs:

i. *Uttar Pradesh:* PFI worked in coordination with the State Programme Management Unit (SPMU) to strengthen the functioning of RKSs in 27 public health facilities in Lucknow district, mentor RKS members to organise its regular meetings, and subsequently undertake its monitoring and planning to address locally identified gaps. This initiative is being scaled up across 10 additional districts covering 168 health facilities and district Training of Trainers (ToTs) are currently underway.

ii. *Sikkim:* State and District ToTs (in 4 districts) were organised in November 2018 to build the capacities of the Chief Medical Officers, Medical Officers and District NHM staff. They will in turn, provide support in organising regular and structured meetings of RKSs and undertake need-based planning through checklists/ monitoring tools.

iii. *Goa:* Post the state and district ToTs in March and October 2018, regular meetings of the RKSs are being organised. The state has also tapped CSR funds for infrastructure up-gradation at selected CHCs and district hospitals.

iv. *Jharkhand:* In coordination with the State NHM team, RKS strengthening processes are being scaled up from 2 districts: Hazaribagh and Ranchi to the remaining 22 districts in the state. The State ToT is planned to be organised on December 5-7, 2018 at Ranchi.

v. *Maharashtra:* The members of the PHC monitoring and planning committee undertake participatory audits on the utilisation of RKS funds at the primary health centres on a regular basis. In addition, the audit team oriented RKS members on proper utilisation of the RKS funds and to facilitate planning processes, which will ensure effective utilisation of RKS funds to address the real needs of patient's.

c. **Building capacities and agency of youth:** PFI is developing capacities and agency of a cohort of 40 youth leaders to monitor and advocate for Adolescent Reproductive and Sexual Health (ARSH) services in 2 districts of Bihar: Darbhanga and Nawada. The youth leaders have reached out 3,000 young people with information and sought feedback on the delivery ARSH services at the VHSND sites and health facilities. In addition, local actions were taken to stop 92 cases of child marriages; increase participation of adolescent girls at VHNDs; sanitary napkin banks were established in 12 villages; and (d) demands were raised at the Jan Samwad to initiate ARSH services at Community Health Centres (CHCs) in Nawada district.

2. Discussions on community processes priorities

The group made the following points:

- A dedicated facilitation structure with dedicated funding needs to be put in place to ensure effective implementation of CAH in the states. The AGCA should advocate for greater role for the State Health Resource Centers (SHRCs), Community/ ASHA resource Centers to strengthen the VHSNCs and RKSs.

- The AGCA Secretariat should compile and send a detailed update on CAH implementation to the MoHFW and NHSRC.

- Ms Muttreja shared that a sub-group on 'Linking health care financing with gram panchayat development planning' has been constituted under the chairmanship of the Secretary, Ministry of Rural Development (MoRD), wherein PFI and Public Health Foundation of India (PHFI) are members. A letter regarding this has been received from Mr K Rajeswara Rao, Adviser-EAC-PM and Member-Convener of the Expert Committee. The letter will be shared with the AGCA members.

- Efforts should be made to gather and compile some tangible outcomes to showcase effectiveness of CAH processes on the ground.

- As most states are focusing on the roll out of the Ayushman Bharat, conscious efforts should be made to integrate CAH in the Health and Wellness Centers (HWCs).

- There is a need to strengthen the VHSNCs for community level actions such as declaration of villages as open defecation free (ODF), anemia free and no infant deaths.

- In Maharashtra, Community Action and Nutrition (CAN) is being implemented in 400 villages across 7 tribal districts where multiple committees such as Mata Samiti, ASHAs, and VHSNCs were converged into a single committee- Gaon Poshan Gat. The committee undertakes monitoring of services at AWC's, facilitates sessions on nutrition and develops report card etc., in addition to the Anganwadi Workers (AWW) and ASHAs counseling and follow up of malnourished children. The model can be replicated in others states. A note on the how the CAN model can be scaled up will be developed by Dr Abhay Shukla, Ms Mirai Chatterjee, Dr Narendra Gupta and Bijit Roy.

Ms Indu Capoor chaired the post-lunch session.

3. Sharing of observations from the 12th Common Review Mission (CRM) on community processes

Dr Sharad Iyengar, Ms Indu Capoor (Members-AGCA) and Saurabh Raj (AGCA Secretariat) participated in the 12th Common Review Mission organised by the MoHFW (from September 4 – 12, 2018) in three states: Uttar Pradesh, Assam and Uttarakhand, respectively.

The key observations were:

Dr Sharad Iyengar - Uttar Pradesh (Farukhabad and Varanasi districts)

- Block level meetings of the ASHAs are being organised regularly to review and plan priorities.
- VHNSCs were not functioning well. In addition, VHSNCs are constituted at the panchayat level and ASHAs are not co-signatory of VHSNC untied fund account.
- While the state officials have huge data sets on each thematic area, little data is available on social accountability processes.
- ASHAs have to fill the Community Based Assessment Checklist (CBAC), which has a component for a waist measurement. Considering the local context, married ASHAs are

find it difficult to take measurements of their father in law and other older male population. An alternate mechanism can be considered.

Ms Indu Capoor – Assam (Barpeta district)

- Functioning of the VHSNCs were weak and members not aware of their roles and responsibilities.
- ASHAs are loaded with multiple interventions, without proper training and support to undertake their tasks.
- ASHAs were distributing iron folic acid and calcium tablets to pregnant women. There was counseling on family planning.
- There was poor coverage of services among minority groups. Cases of apathy and neglect by service providers were also observed.
- There was high absenteeism and vacancies of doctors and ANMs at the PHCs and SHCs. As a result, people are largely depending on private hospitals for their health needs.

Saurabh Raj - Uttarakhand (Haridwar district)

- VHSNC and MAS meetings are being organised on a regular basis in the district. This being monitored by the district and block level community mobilisers.
- Community members were quite aware of the VHSNC and had also participated in the community monitoring processes and PHC level Jan Samwad.
- There are delays in the disbursement of ASHA incentives- last disbursements were made in March 2018. In addition, medicine kits were replenished sometime back, after a duration of over 2 years.
- State has initiated a health insurance for all the ASHAs for an annual amount of Rs 2 lakh.
- RKSs meetings are being organised on a quarterly basis and untied funds are being utilized. However, separate Governing Body and Executive Committee are not constituted as per the MoHFW guidelines.
- Documentation of the RKS meeting minutes needs improvements. In addition, patient feedback should be collected and presented at the RKS meetings.

4. Discussions on operational issues

The group made the following points:

- Share detailed agenda of the National Consultation on CAH with AGCA members for inputs. In addition, Secretariat to finalise consultation date with Dr Manohar Agnani (Joint Secretary-Policy, MoHFW) scheduled in March 2019.
- Secretariat to develop and submit the next FY year proposal to the MoHFW by end of February, 2019.
- Secretariat to share details with members on interactions with the MoHFW and NHSRC on operational issues.

The meeting ended with a vote of thanks by Indu Capoor.

Action Points from the 39th AGCA Meeting

Sl. No.	Action Points	Responsibility	Actions taken
1.	Share update with MoHFW and NHSRC on CAH implementation in states	AGCA Secretariat	Update shared with the MoHFW and NHSRC
2.	Initiate integration of CAH in Health and Wellness Centers (HWCs)	AGCA Secretariat	• Pilot on community mobilisation and monitoring of HWC services initiated in 7 districts aspirational districts in Assam. • In addition, discussions in progress with Uttar Pradesh State Programme Management Unit to replicate the initiative. • Development of CAH manual for HWCs included in the FY 2019-20 proposal, which was approved by the MoHFW.
3.	• Share agenda of the National Consultation on CAH with AGCA members for inputs • Finalise consultation date with Dr Manohar Agnani (Joint Secretary-Policy, MoHFW) scheduled in March 2019	AGCA Secretariat	Consultation organised on March 11 and 12, 2019. Report shared with AGCA members and submitted to MoHFW in May, 2019

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